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APPROVAL PACKAGE FOR:

APPLICATION NUMBER

20-945/S-005

Microbiology Review(s)

Product Quality Microbiology Review

Review for HFD-150

18 SEP 2002

NDA: 20-954/SCP-005

Drug Product Name

Proprietary: BUSULFEX® Injection

Non-proprietary: Busulfan

Drug Product Classification: 3P, Cytotoxic/Alkylating agent

Review Number: 1

Subject of this Review

Submission Date: 10 MAY 2002

Receipt Date: 13 MAY 2002

Consult Date: 21 MAY 2002

Date Assigned for Review: 05 JUN 2002

Submission History (for amendments only)

Date(s) of Previous Submission(s): (none)

Date(s) of Previous Micro Review(s): (none)

Applicant/Sponsor

Name: Orphan Medical, Inc.

Address: 13911 Ridgedale Drive, Suite 250, Minnetonka, MN 55305

Representative: Carol S. Curme

Telephone: (952) 513-6900

Name of Reviewer: David Hussong

Conclusion: APPROVE

Product Quality Microbiology Data Sheet

- A.
1. **TYPE OF SUPPLEMENT:** CBE-30
 2. **SUPPLEMENT PROVIDES FOR:** A new, alternate syringe 5- μ m filter packaged with the sterile product.
 3. **MANUFACTURING SITE:** _____
 4. **DOSAGE FORM, ROUTE OF ADMINISTRATION AND STRENGTH/POTENCY:** 60 mg ampule
 5. **METHOD(S) OF STERILIZATION:** _____
 6. **PHARMACOLOGICAL CATEGORY:** Cytotoxic
- B. **SUPPORTING/RELATED DOCUMENTS:** N/A
- C. **REMARKS:** The filter change involves a component that is packaged with the ampule and, when used, is in contact with the sterile solution. The 5- μ m rated filter does not add to sterility assurance because it is not intended to remove microorganisms.
The supplement was an submitted in electronic format.

filename: 20-954s5rv1.doc

Executive Summary

I. Recommendations

- A. Recommendation on Approvability - APPROVE**
- B. Recommendations on Phase 4 Commitments and/or Agreements, if Approvable – N/A**

II. Summary of Microbiology Assessments

- A. Brief Description of the Manufacturing Processes that relate to Product Quality Microbiology** – The alternate filter is added to the packaging and is used by the pharmacist preparing the patient dose. The filter is an approved medical device (reference to 510(k) application # K960928).
- B. Brief Description of Microbiology Deficiencies** - N/A
- C. Assessment of Risk Due to Microbiology Deficiencies** - N/A

III. Administrative

- A. Reviewer's Signature** _____
- B. Endorsement Block**
Microbiologist/David Hussong
Microbiology Supervisor/Peter Cooney
- C. CC Block**
cc:
Original NDA 20-954
HFD- 150/Division File/NDA 20-954

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/s/

David Hussong
11/14/02 10:06:17 AM
MICROBIOLOGIST

Peter Cooney
11/14/02 10:48:59 AM
MICROBIOLOGIST